

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212517530					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SMITH ONE, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: F1180407</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
CLASS	AUTHORIZED						
COMMON	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400</p> <p style="text-align: center;">CITY/ST/ZIP: ENGLEWOOD, CO 80112</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ARIEL AMIR TITLE: GC/S/EXEC VP ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ARIEL AMIR TITLE: GC/S/EXEC VP ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ARIEL AMIR TITLE: GC/S/EXEC VP ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT C LUND JR TITLE: GROUP VP ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT C LUND JR TITLE: GROUP VP ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBERT C LUND JR TITLE: GROUP VP ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHARLES E. MUELLER, JR. TITLE: CFO/COO ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CHARLES E. MUELLER, JR. TITLE: CFO/COO ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: CHARLES E. MUELLER, JR. TITLE: CFO/COO ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICK D JACOBSON TITLE: EVP/T ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RICK D JACOBSON TITLE: EVP/T ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RICK D JACOBSON TITLE: EVP/T ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: R. SCOT SELLERS TITLE: CEO ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: R. SCOT SELLERS TITLE: CEO ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: R. SCOT SELLERS TITLE: CEO ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFF FITTS TITLE: DIRECTOR ADDRESS: 125 PARK AVE, STE 2500 CITY/ST/ZIP/CO: NEW YORK, NY 10017 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JEFF FITTS TITLE: DIRECTOR ADDRESS: 125 PARK AVE, STE 2500 CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JEFF FITTS TITLE: DIRECTOR ADDRESS: 125 PARK AVE, STE 2500 CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL T. BROWN EVP/CDO 6 PIEDMONT CENTER NE SUITE 600 ATLANTA, GA 30305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gregory M. Weingast EXEC VP 44 Canal Center Plaza Suite 600 Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ASH K. ATWOOD C/SVP 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS S. REIF AGC/SVP /AS 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK P. PEPPERCORN SVP 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. MICHAEL SHOMO AGC/SVP 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R. BERMAN GVP/AT 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT JOHNSON VICE PRESIDENT 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL WADE VICE PRESIDENT 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT C LUND JR		ROBERT C LUND JR, GROUP VP	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	
		5/10/2012	
		DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.